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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/668,294-Conf. #2254
		Filing Date	September 24, 2003
		First Named Inventor	Akio YAMAMOTO
		Examiner Name	A. A. Hunter
		Art Unit	3711
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0229-0778P
TOTAL AMOUNT OF PAYMENT		(\$)	1,430.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

31 - 20 = 11 x 50.00 = 550.00

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

360.00 360.00

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

7 - 5 = 2 x 200.00 = 400.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u> </u> - 100 = <u> </u> / 50	<u> </u>	<u> </u> (round up to a whole number) x	<u> </u>	<u> </u>

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>	<u>120.00</u>

SUBMITTED BY		Registration No.	22,463	Telephone	(703) 205-8000
Signature		(Attorney/Agent)			
Name (Print/Type)	Joseph A. Kolasch			Date	December 12, 2005

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REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP



AMENDMENT TRANSMITTAL LETTER				Docket No. 0229-0778P	
Application No. 10/668,294-Conf. #2254		Filing Date September 24, 2003		Examiner A. A. Hunter	
				Art Unit 3711	
Applicant(s): Akio YAMAMOTO					
Invention: GOLF CLUB HEAD					
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	31	- 20 =	11	x 50.00	550.00
Independent Claims	7	- 5 =	2	x 200.00	400.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					360.00
Other fee (please specify): Extension for response within first month					120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,430.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity <input type="checkbox"/> No additional fee is required for this amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> A check in the amount of \$ <u>1,430.00</u> to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Joseph A. Kolasch Attorney Reg. No.: 22,463				Dated: <u>December 12, 2005</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					